



Milwaukee

ccl-109 (6/5/08)

APPLICATION AMENDMENT

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Date: _____

To the License Division of the City of Milwaukee:

I, _____, wish to amend my answer(s) on the application for
(your full legal name - print or type)

a _____ license at _____
(type of license) (premise address)

by adding or amending the following information:

1. Answer to Question(s) # _____ should state: _____

2. Agent should be: _____ Also complete 3, 4 & 5
3. Date of birth should be: _____
4. Home address should be: _____
5. Home phone number should be: _____
6. Corporation/LLC name should be: _____
7. Business name should be: _____
8. Business address should be: _____
9. Business phone number should be: _____
10. Premises description should be: _____
11. Location where vehicle will be parked should be: _____
12. Age Distinction should be (for Class B Taverns only): _____
13. Other: _____

Subscribed and sworn to before me

this _____ day of _____ 20____

Notary Public - State of Wisconsin
My Commission expires _____
Notary Seal must be affixed

Signature
(individual/partner/agent/officer/member)

Office Use Only:

License Number: _____ Date received _____ Initials _____

Date entered in system _____ Initials _____

Date copy sent to LIU _____ Initials _____

Relisting for police report needed? ☐ Yes ☐ No If yes, date given to LC _____ Initials _____

Date LC faxed to NS _____ Initials _____